Assisted Human Reproduction Canada

2010 - 2011

Departmental Performance Report

Leona Aglukkaq
Minister of Health

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Minister's Message

I am pleased to present the 2010 – 2011 Departmental Performance Report for Assisted Human Reproduction Canada (AHRC). This report summarizes important accomplishments and activities of the Agency formed to protect and promote the health, safety, dignity and rights of Canadians who use or are born of assisted human reproduction (AHR), while allowing scientific advances that benefit Canadians.

On December 22, 2010 the Supreme Court of Canada rendered its opinion regarding the constitutionality of certain sections of the *Assisted Human Reproduction Act*. While that opinion is being considered by the Government of Canada, AHRC continues to administer and enforce those provisions of the *AHR Act* that are constitutional and to inform Canadians on matters relating to AHR.

I would like to thank the Board of Directors of AHRC for their contribution to the Agency's work.

The Honourable Leona Aglukkaq, P.C., M.P.

Section I: Organizational Overview

Raison d'être

Assisted Human Reproduction Canada (AHRC) was created in response to a 1993 recommendation from the Royal Commission on New Reproductive Technologies, which called for the Government of Canada to establish a national agency to provide a safe and ethical framework for assisted human reproduction (AHR) activities and related research. Legally established under the *Assisted Human Reproduction Act* in 2006 and opening its doors in 2007, AHRC is mandated to administer and enforce the *AHR Act* and related regulations in order to protect and promote the health, safety, dignity and rights of Canadians who use or are born of assisted reproductive technologies (ART).

AHRC works diligently and efficiently with a core complement of staff and is governed by a Board of Directors. These members are charged with the oversight and overall management of the Agency.

Responsibilities

On December 22, 2010, the Supreme Court of Canada (SCC) rendered its opinion regarding the constitutionality of certain sections of the *AHR Act*. The SCC opinion confirmed the federal role in prohibiting undesirable activities in the field of AHR, but considered the controlled activities and licensing provisions (other than reimbursement), as well as the provisions for the collection of health reporting information, to be unconstitutional as outside the scope of the federal criminal law power.

As the Government of Canada considers the SCC opinion and its impact on the future federal role in AHR, the Agency continues in accordance with the *AHR Act* to:

- promote compliance and enforces the *AHR Act* related to the prohibitions;
- provide advice to the Minister on assisted human reproduction and related matters;
- monitor and evaluate developments within Canada and internationally is assisted human reproduction and related matters;
- consult persons and organizations within Canada and internationally;
- provide information to the public and to the professions respecting assisted human reproduction and related matters, and respecting risk factors associated with infertility.

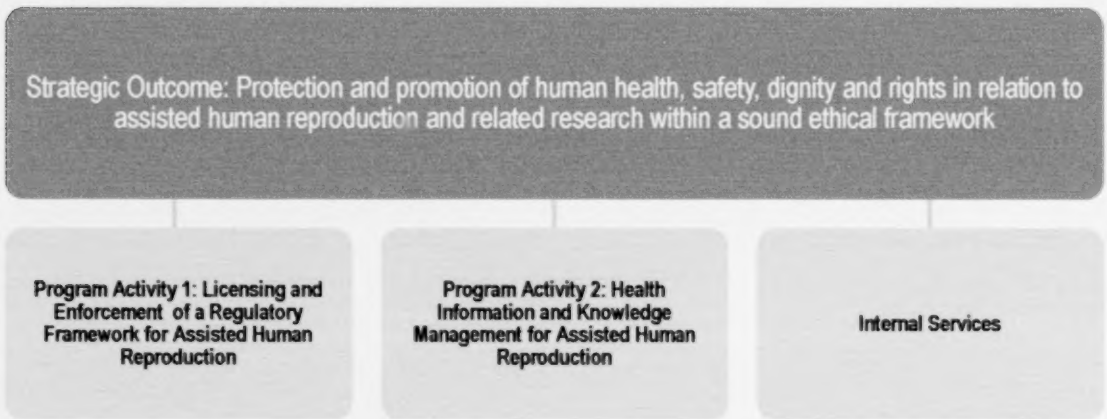
These activities contribute to the Government of Canada's whole-of-government framework commitment to "Healthy Canadians" by helping to maintain and improve Canadians' health.

Strategic Outcome and Program Activity Architecture (PAA)

In order to effectively pursue its mandate, the Agency aims to achieve the following strategic outcome:

Protection and promotion of human health, safety, dignity and rights in relation to assisted human reproduction and related research within a sound ethical framework.

The chart bellow illustrates Assisted Human Reproduction Canada's complete framework of program activities, which roll up and contribute to progress toward the Agency's strategic outcome.


Strategic Outcome: Protection and promotion of human health, safety, dignity and rights in relation to assisted human reproduction and related research within a sound ethical framework
Program Activity 1: Licensing and Enforcement of a Regulatory Framework for Assisted Human Reproduction
Program Activity 2: Health Information and Knowledge Management for Assisted Human Reproduction
Internal Services

Organizational Priorities

Performance/Priority Status Legend

Exceeded: More than 100 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and outputs) for the expected result or priority identified in the corresponding Report on Plans and Priorities (RPP) was achieved during the fiscal year.

Met all: 100 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and expected outputs) for the expected result or priority identified in the corresponding RPP was achieved during the fiscal year.

Mostly met: 80 to 99 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and expected outputs) for the expected result or priority identified in the corresponding RPP was achieved during the fiscal year.

Somewhat met: 60 to 79 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and outputs) for the expected result or priority identified in the corresponding RPP was achieved during the fiscal year.

Not met: Less than 60 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and outputs) for the expected result or priority identified in the corresponding RPP was achieved during the fiscal year.

Type Legend

Previously Committed To: Committed to in the first or second fiscal year before the subject year of the report

Ongoing: Committed to at least three fiscal years before the subject year of the report

New: Newly committed to in the reporting year of the DPR.

Priority	Type	Strategic Outcome and/or Program Activity
To contribute to the development of AHR regulations by Health Canada	Previously Committed To	SO 1
Status: Met All		
AHRC throughout 2010 – 2011 interacted with Health Canada on an ongoing basis to provide input to the development of policies, as well to provide significant expertise regarding all aspects pertaining to the implementation of the AHR regulations being developed by Health Canada. AHRC met all timelines and deliverables, as set by Health Canada.		

Priority	Type	Strategic Outcome and/or Program Activity
To develop the capacity in AHRC to implement the regulations (once developed)	Previously Committed To	SO 1
Status: Met All		
AHRC throughout 2010 – 2011 evolved the systems and processes under development in synchronization with Health Canada's AHR policy and regulatory development activities and timeframes. In addition to ensuring that qualified regulatory staff were in place, AHRC specifically managed its system development activities in a fiscally responsible manner by planning major system development commitments to be implemented, as necessary, after the SCC had rendered its opinion.		

Priority	Type	Strategic Outcome and/or Program Activity
National and International Collaboration	New	SO 1
Status: Met All		
AHRC in 2010 -2011 developed and formed strategic relationships amongst national and international organizations. These relationships with organizations that are tasked to protect and promote fertility health facilitate information exchange, as well as identify and address issues of mutual concern. For example monitoring trends such as cross border reproductive care and the success of policies and activities that limit the number of multiple births that result from AHR are areas that benefit from collaboration and consultation.		

Priority	Type	Strategic Outcome and/or Program Activity
Internal Management	Previously Committed To	SO 1
Status: Met All		
AHRC throughout 2010 – 2011 developed various planning and reporting instruments aligned with AHRC's Board of Directors approved Strategic Plan.		

Priority	Type	Strategic Outcome and/or Program Activity
Human Resources	Previously Committed To	SO 1
Status: Met All		
AHRC throughout 2010 – 2011 continued to manage its human resource needs in a flexible and responsive manner, while facing the same challenges as other small Departments and Agencies of attracting and retaining skilled and specialized staff. Monitoring on a quarterly basis of its Integrated Human Resource Plan and Resource Strategy enabled AHRC to respond to evolving needs.		

Priority	Type	Strategic Outcome and/or Program Activity
Financial Management	New	SO 1
Status: Mostly Met		
AHRC in 2010 – 2011 introduced its financial management practices through the implementation of a newly developed Internal Financial Control framework that encompasses financial management, materiel management, risk management, as well as financial delegation and training. In 2011 – 2012 AHRC will continue to refine and improve these management practices.		

Risk Analysis

In a field as complex and fast-changing as assisted human reproduction (AHR), there remain health and safety risks to Canadians who use or are born of AHR technologies.

The Government of Canada has kept pace with these developments, continually scanning the horizon to identify the latest scientific developments and their health implications, developing credible, evidence-based health information and liaising with other jurisdictions engaged in these issues, domestically and internationally, to reduce the risks to Canadians' health and safety such that these technologies are used in a way that reflects the values and ethics of Canadians.

A number of external forces point to the need for vigilance in promoting compliance with the *AHR Act*. There has been an increase in the infertility rate in Canada over the past two decades which is mirrored in the increasing demand for AHR options among Canadians. Growing numbers of AHR users are travelling to foreign destinations to access AHR services, which presents both health risks for patients and their offspring and health costs for Canadian society.

The rapid evolution in technological advances also presents ethical and social challenges for many Canadians, stressing the importance of integrating ethical considerations into AHR activities. Canadians want assurance that these technological innovations are consistent with their values. Achieving a balance that upholds Canadians' ethical standards and which promotes the rights and dignity of AHR users and offspring has been paramount.

An increased focus on knowledge transfer has been important in light of the ruling by the Supreme Court of Canada regarding federal areas of jurisdiction related to AHR. Other parties will need to address Canadians expectations for oversight in the field of AHR that falls outside of federal jurisdiction.

AHRC is committed to the judicious use of its resources by ensuring that its activities are carried out in a cost-effective manner in accordance with existing policies and regulations.

Summary of Performance

AHRC has allocated financial and human resources in a prudent and proactive manner in synchronization with the policy and regulatory development timelines established by Health Canada. Since its inception, the Agency's expenditures have been well below its annual parliamentary allocation of $10.5 million. All amounts in excess of Actual Spending were returned to the Consolidated Revenue Fund.

2010–11 Financial Resources ($ millions)

Planned Spending	Total Authorities	Actual Spending
10.5	10.5	5.2**

* Please note: Financial Resources should equal the sum of the Total line for Program Activities and Internal Services *

** While AHRC was authorized to spend $10.5 million in 2010 – 2011 the actual spending was $5.2 million in keeping with the incremental implementation of the Agency's mandate.

2010–11 Human Resources (Full-Time Equivalents—FTEs)

Planned	Actual	Difference
44	14*	30

* The Agency was authorized a complement of 44 Full Time Equivalent positions (FTEs) in 2010 – 2011, and yet maintained 14 FTEs in keeping with the incremental implementation of the Agency's mandate.

Strategic Outcome: Protection and promotion of human health, safety, dignity and rights in relation to assisted human reproduction and related research within a sound ethical framework.

Performance Indicators	Targets	2010–11 Performance
As the regulations come into force, develop operational guidelines to administer the Assisted Human Reproduction Act and its associated regulations.	In advance of the regulations coming into force: • Develop the groundwork to implement a licensing framework for controlled activities and Personal Health Information Registry;	• During the time leading up to the SCC opinion, AHRC continued to develop the licensing framework and Personal Health Information Registry in synchronization with Health Canada's policy and regulatory development schedule. AHRC had established and incrementally implemented a comprehensive compliance and enforcement program to manage the risks faced by Canadians who use or are born of ART. • Frequent interactions were conducted throughout 2010 – 2011 by AHRC with health professionals, patient support groups and individual Canadians to educate and inform regarding regulatory requirements of the *AHR Act*. Completion of a compliance assessment project regarding Section

	• Develop an inspection strategy to ensure compliance with the *AHR Act* and regulations; • Develop and progressively implement a stakeholder outreach strategy and information dissemination plan.	8 'Consent to Use' regulations which demonstrated a high degree of compliance amongst medical practitioners involved in the AHR field. AHRC also assessed and resolved all allegations of violations of the *AHR Act* brought to its attention, particularly with respect to prohibitions on payment for gametes and surrogacy services. • The Science Advisory Panel (SAP) played a critical role in ensuring that AHRC activities were grounded in sound scientific evidence and up-to-date best practices. These efforts benefited AHRC's role in forming collaborative partnerships, sharing knowledge, and facilitating the uptake of best practices and guidelines. This included coordinating and facilitating activities with various Stakeholder groups including the Healthy Singleton Birth Committee, the Multiple Births Patient Committee, and the Editorial Board. Together these groups developed, approved and distributed numerous information products to advance the understanding of important issues such as preventing multiple births as a consequence of ART, infertility awareness and oncofertility.

Program Activity	2009–10 Actual Spending ($ millions)	2010–11[1] ($ millions)				Alignment to Government of Canada Outcome
		Main Estimates	Planned Spending	Total Authorities	Actual Spending	
Licensing and Enforcement of a Regulatory Framework for Assisted Human Reproduction	0.8	4.2	4.2	4.2	0.8	Healthy Canadians
Health Information and Knowledge Management for Assisted Human Reproduction	0.7	2.6	2.6	2.6	1.0	Healthy Canadians
Total	1.5	6.8	6.8	6.8	1.8	

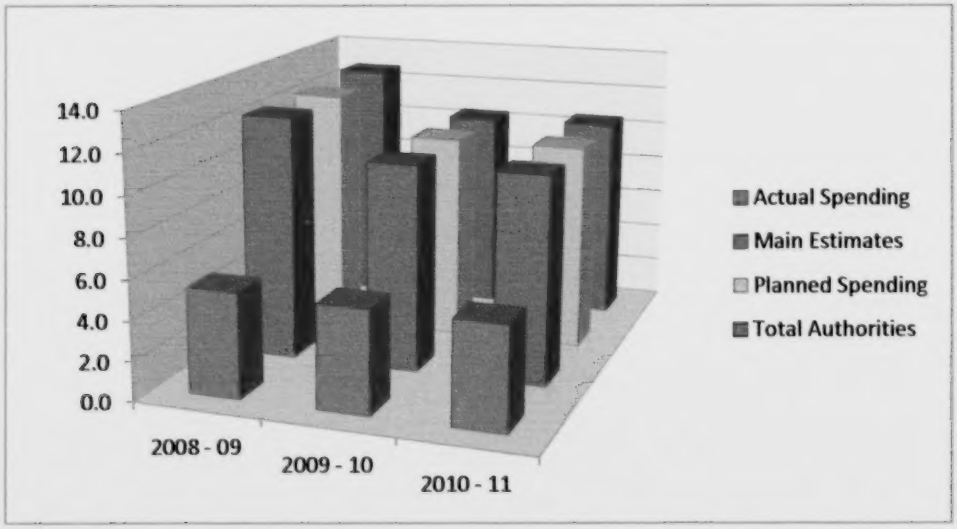
1. Commencing in the 2009–10 Estimates cycle, the resources for Program Activity: Internal Services is displayed separately from other program activities; they are no longer distributed among the remaining program activities, as was the case in previous Main Estimates. This has affected the comparability of spending and FTE information by program activity between fiscal years.

Program Activity	2009–10 Actual Spending ($ millions)	2010–11 ($ millions)			
		Main Estimates	Planned Spending	Total Authorities	Actual Spending
Internal Services	3.6	3.7	3.7	3.7	3.4

Expenditure Profile

AHRC has allocated financial and human resources in a prudent and proactive manner in synchronization with the policy and regulatory development timelines established by Health Canada. Since its inception, the Agency's expenditures have been well below its annual parliamentary allocation of $10.5 million. While AHRC was authorized to spend $10.5 million in 2010 – 2011 the actual spending was $5.2 million in keeping with the incremental implementation of the Agency's mandate. The Agency was authorized a complement of 44 Full Time Equivalent positions (FTEs) in 2010 – 2011, and yet maintained 14 FTEs. All amounts in excess of Actual Spending were returned to the Consolidated Revenue Fund.

Departmental Spending Trend
($ millions)



Estimates by Vote

For information on our organizational Votes and/or statutory expenditures, please see the 2010–11 Public Accounts of Canada (Volume II) publication. An electronic version of the Public Accounts is available on the Public Works and Government Services Canada website.[2]

2. See Public Accounts of Canada 2010, http://www.tpsgc-pwgsc.gc.ca/recgen/txt/72-eng.html.

Section II: Analysis of Program Activities by Strategic Outcome

Strategic Outcome

Protection and promotion of human health, safety, dignity and rights in relation to assisted human reproduction and related research, within a sound ethical framework.

Program Activity: Licensing and Enforcement of a Regulatory Framework for Assisted Human Reproduction (AHR)

Program Activity Descriptions

The Assisted Human Reproduction Agency of Canada (AHRC) would achieve this objective by the following means: issuing licences for controlled activities and for facilities used by qualified persons or organizations; assessing applications against licence requirements, including scientific and ethical considerations; conducting periodic inspections of assisted human reproduction (AHR) clinics, service providers or research to ensure compliance; and enlisting the participation or support of other recognized organizations in the development of other supporting policy instruments, for example, standards, guidelines and accreditation models

Please note that Financial and Human Resource allocations were undertaken at a pace consistent with the incremental implementation of the Agency's mandate as defined by Health Canada's policy and regulatory development timelines.

2010–11 Financial Resources ($ millions)

Planned Spending	Total Authorities	Actual Spending
4.2	4.2	0.8*

* While AHRC was authorized to spend $4.2 million in 2010 – 2011 the actual spending was $0.8 million in keeping with the incremental implementation of the Agency's mandate.

2010–11 Human Resources (FTEs)

Planned	Actual	Difference
14	3*	11

* The Agency was authorized a complement of 14 Full Time Equivalent positions (FTEs) in 2010 – 2011, and yet maintained 3 FTEs in keeping with the incremental implementation of the Agency's mandate.

Expected Results	Performance Indicators	Targets	Performance Status
An effective and efficient licensing and inspection framework.	As the regulations come into force, develop a documented licensing and inspection framework which is communicated to clinics and stakeholders and which sees inspections carried out on the basis consistent with the framework.	In advance of the regulations coming into force, and in collaboration with stakeholders, AHRC will focus on: • Developing guidelines, processes and systems to support a licensing system; • Developing an inspection strategy that will ensure compliance with the *AHR Act* and regulations; • Addressing complaints and possible contraventions to the *AHR Act* and regulations	• A comprehensive set of guidelines, processes and supporting systems continued to be prepared for implementation of the licensing system in synchronization with Health Canada's policy and regulatory development timelines. • Collaborations continued with national and international accreditation and regulatory bodies in order to harness best practices and leverage their extensive expertise in inspecting, accrediting and regulating the area of AHR. • AHRC introduced a compliance continuum model, which focused on compliance promotion while engaging in monitoring, verification and enforcement activities as issues and complaints were identified and brought to the Agency's attention. • All complaints and possible contraventions brought to the attention of AHRC were dealt with and resolved according to AHRC's standard complaint management process.
A well-informed and engaged stakeholder community.	Prior to the regulations coming into force, communicating the framework to the stakeholders by various means including direct contact, presentations at professional forums, literature and electronic means such as a web site.	In advance of the regulations coming into force, AHRC is concentrating on: • Communicating the vision for the framework to key stakeholders through the website,	AHRC has enhanced the communication and outreach activities in consideration of stakeholder needs and expectations. Some examples include: • Communicating the vision for AHRC's implementation of various sections of the Act and regulations with clinics, the public and other organizations through the

		newsletter, conferences and other outreach initiatives; • Conducting baseline assessments, horizon scanning and established practice updates, to produce reliable evidence that will inform decision - making by the Board of Directors; • Working with international stakeholders to facilitate information exchange and identify and address issues of mutual concern.	many questions posed via the toll free phone line and the AHRC central email in addition to provision of information via AHRCs website and newsletter. • Incorporating the horizon scanning work of the Science Advisory Panel to promote and support evidence-based best practices among professional communities. Most pertinent were: ▪ The development and implementation of the Canadian Framework for the prevention of AHR related multiple births; ▪ The development of a Canadian framework for AHR/ART outcomes measurement. • Presentations and information exchanged at events nationally and international allowed AHRC to exchange information and identify and advance key issues of mutual concern.

Performance Summary and Analysis of Program Activity

In 2010-11, AHRC entered its third year of administering and enforcing the *AHR Act* and related regulations, a year which culminated in the Supreme Court of Canada (SCC) opinion. During the time leading up to the SCC opinion, AHRC had established and incrementally implemented a comprehensive compliance and enforcement program to manage the potential risks faced by Canadians who use or are born of assisted reproduction treatments (ART). This program was based on the recognition that compliance could only be achieved within a new regulatory system when the requirements were clearly understood by all those subject to the legislation. AHRC introduced a compliance continuum model, which focused on compliance promotion while engaging in monitoring, verification and enforcement activities as issues and complaints were identified and brought to the Agency's attention.

Throughout 2010 – 2011, AHRC compliance and enforcement staff interacted frequently with health professionals, patient support groups and individual Canadians on a one-on-one basis and in small group and conference settings to educate and inform them of the regulatory requirements of the *AHR Act*. These interactions allowed the Agency to better understand and appreciate the challenges associated with regulating a field as scientifically complex as AHR, and were also used to promote compliance with the Section 8 Consent to Use regulations. Collaboration also continued with international accreditation and regulatory bodies in order to harness best practices and leverage their extensive expertise in inspecting, accrediting and regulating the area of AHR.

AHRC continued to receive allegations of violations of the *AHR Act*, particularly with respect to the prohibitions on payment for gametes and surrogacy services. As in previous years, these allegations were assessed on the facts, and resolved through a transparent and standardized process in accordance with the guiding principles of the AHRC Compliance and Enforcement Policy (available at: http://www.ahrc-pac.gc.ca/v2/aaa-app/alt-formats/pdf/wwd-qnf/C-E-Policy-eng.pdf), and in conjunction with law enforcement and disciplinary authorities where warranted.

Building upon work from the previous year, AHRC also continued with its efforts to promote evidence–based best practices among the professional communities. In 2010 – 2011, AHRC provided support for the ongoing development and implementation of the Canadian framework for the prevention of AHR-related multiple births. AHRC continued to facilitate the implementation of this framework using the three pillars of Professional Education, Patient Education and Data Collection and Analysis.

In 2010 – 2011, AHRC was able to keep abreast of the rapidly-evolving AHR landscape through the ongoing efforts of the Science Advisory Panel (SAP). Created by the AHRC Board of Directors, this Panel provided the Agency with invaluable input on many AHR initiatives. Throughout the year, some SAP committee members, along with AHRC staff, were also actively engaged with personnel at the Statistics Canada's Health Analysis Division in the interpretation and preparation for dissemination of findings from the 2009 – 2010 survey data on infertility.

In 2010, AHRC hosted a workshop on AHR / ART – related outcomes at the annual Canadian Fertility and Andrology Society (CFAS) meeting. From this workshop evolved a Canadian framework for outcomes measurement, detailing the need for multi-disciplinary cooperation across the many levels of health care provision and governance. The need for the involvement of many stakeholder areas in this endeavour was reflected in the composition of the workshop planning committee, which consisted of representatives from the CFAS, the Society of Obstetricians and Gynaecologists of Canada (SOGC), the Public Health Agency of Canada, the

Canadian Paediatric Society, the Canadian Perinatal Surveillance System, several provincial Ministries of Health, and members of the AHRC Science Advisory Panel.

The Tripartite Committee, consisting of representation from AHRC, the CFAS and the SOGC, and Health Canada as an observer, has been a unique forum in which member organizations address areas of shared interest to enable consensus on standards of practice across Canada and to improve the patient's journey through reproductive care. The shared interests of these groups have led to the formation of additional sub-committees and initiatives for the improvement of information dissemination and for addressing collaborative goals.

AHRC was able to provide accurate and up-to-date information to stakeholders regarding current practices in AHR and innovations on the horizon of this rapidly-evolving area. In addition, committee members provided AHRC with valuable insight to issues of interest to the clinical and scientific communities represented, allowing the Agency to facilitate initiatives to enhance knowledge transfer among the various professional fields.

Lessons Learned

The Agency consulted with key stakeholder groups and associations to incorporate best practices from other jurisdictions in accordance with the regulations being developed by Health Canada. AHRC maintained its focus on activities that support the delivery of its compliance and enforcement mandate, and strengthened its role to oversee and enforce the prohibitions of the *AHR Act*.

Strategic Outcome

Protection and promotion of human health, safety, dignity and rights in relation to assisted human reproduction and related research, within a sound ethical framework.

Program Activity: Health Information and Knowledge Management for Assisted Human Reproduction (AHR)

Program Activity Descriptions

The Assisted Human Reproduction Agency of Canada (AHRC) would achieve this objective by the following means: maintaining a personal health information registry to consolidate health reporting information concerning donors, patients and offspring born of assisted human reproduction (AHR) procedures to allow for a look-back and trace-back mechanism; providing ongoing reports of AHR controlled activities, including success rates by AHR clinics and results of research, to enable prospective AHR users to make informed decisions; and providing public information on AHR matters or issues via a public website or in other forms such as brochures.

Please note that Financial and Human Resource allocations were undertaken at a pace consistent with the incremental implementation of the Agency's mandate as defined by Health Canada's policy and regulatory development timelines.

2010–11 Financial Resources ($ millions)

Planned Spending	Total Authorities	Actual Spending
2.6	2.6	1.0*

* While AHRC was authorized to spend $2.6 million in 2010 – 2011 the actual spending was $1.0 million in keeping with the incremental implementation of the Agency's mandate.

2010–11 Human Resources (FTEs)

Planned	Actual	Difference
11	4*	7

* The Agency was authorized a complement of 11 Full Time Equivalent positions (FTEs) in 2010 – 2011, and yet maintained 4 FTEs in keeping with the incremental implementation of the Agency's mandate.

Expected Results	Performance Indicators	Targets	Performance Status
A Personal Health Information Registry that complements an AHR surveillance network.	The successful development of a Personal Health Information Registry that is integrated into an overall surveillance network, once the regulations come into force.	In advance of the regulations coming into force, AHRC is concentrating on: • Initiating a pilot project using voluntary information to build the foundation for a Personal Health Information Registry.	In synchronization with Health Canada's policy and regulatory development activities, AHRC: • Explored best practices in registry development and identify models for pilot implementation pending the Supreme Court opinion. • Supported the efforts of professional communities in order to enhance the quality of their data collection and reporting.
Policy makers, health professionals, patients, children born of AHR procedures, researchers and the Canadian public have access to information regarding AHR.	• Total number of information items produced. • Total number information requests responded to by type. • Volume and Pattern of Website Use. • Website enhancements completed. • Results of periodic surveys to gauge utility of products.	• 6 information items produced per year. • 100% of information requests are responded to within 48 working hours of receipt. • 10% increase in website visits per year. • Report of enhancements prepared annually.	• AHRC published several informational products in 2010 – 2011 including a biannual Newsletter, several brochures such as "Your guide to infertility and Assisted Human Reproduction (AHR)" and "Coping with the implications of genetic testing: A brochure for Canadians seeking assisted reproduction procedures". • 93% of the information requests received at AHRC were responded to within the target timeframe. • Launched Phase II of its public website to better apprise Canadians of the latest AHR-related innovations and scientific research. This information was contained in over 1000 web pages dedicated to the myriad issues and stakeholder needs relating to AHR and AHRC. • AHRC acted as a catalyst in uniting patient groups to join efforts to prevent multiple births due to AHR.

Performance Summary and Analysis of Program Activity

In modern approaches to health promotion, there are many mechanisms that can be used to effect change. In this regard, AHRC has worked to enhance stakeholder education and promote high professional standards. AHRC continued to provide a strong leadership role within Canada, working diligently to catalyze positive changes in AHR by forming collaborative partnerships, sharing knowledge, and facilitating the uptake of best practices and guidelines based on sound scientific evidence and strong ethical principles. In addition, AHRC continued to address many complex issues related to AHR, such as the support of data collection efforts for the long-term assessment of health risks and benefits in order to provide Canadians with the information needed to make informed choices.

Over the last year, AHRC maintained many knowledge transfer and outreach activities, including the launch of Phase II of its public website. AHRC also published several informational products, including the brochures "Your guide to infertility and Assisted Human Reproduction (AHR)" and "Coping with the implications of genetic testing: A brochure for Canadians seeking assisted reproduction procedures" – the third instalment in a series of brochures developed in partnership with the Canadian Association of Genetic Counsellors.

In past years, AHRC has worked closely with regulators, professionals and patient groups, both within Canada and abroad, to successfully disseminate relevant information and promote informed decision-making on the part of those who provide or make use of AHR services.

Lessons Learned

AHRC attained many measurable achievements in 2010 – 2011 to catalyze positive change within the Canadian AHR community. The quality and reliability of information collected and distributed is attributable to the rigor and inclusiveness of the consultation with all stakeholders, including researchers, policy-makers, patients, industry, professional associations, and Canadians.

Section III: Supplementary Information

Financial Highlights

Condensed Statement of Financial Position
As at March 31, 2011 ($ thousands)

	% Change	2010–11	2009–10
Total assets	(43%)	198	346
Total liabilities	2%	521	528
Equity of Canada	78%	(323)	(182)
Total	(43%)	198	346

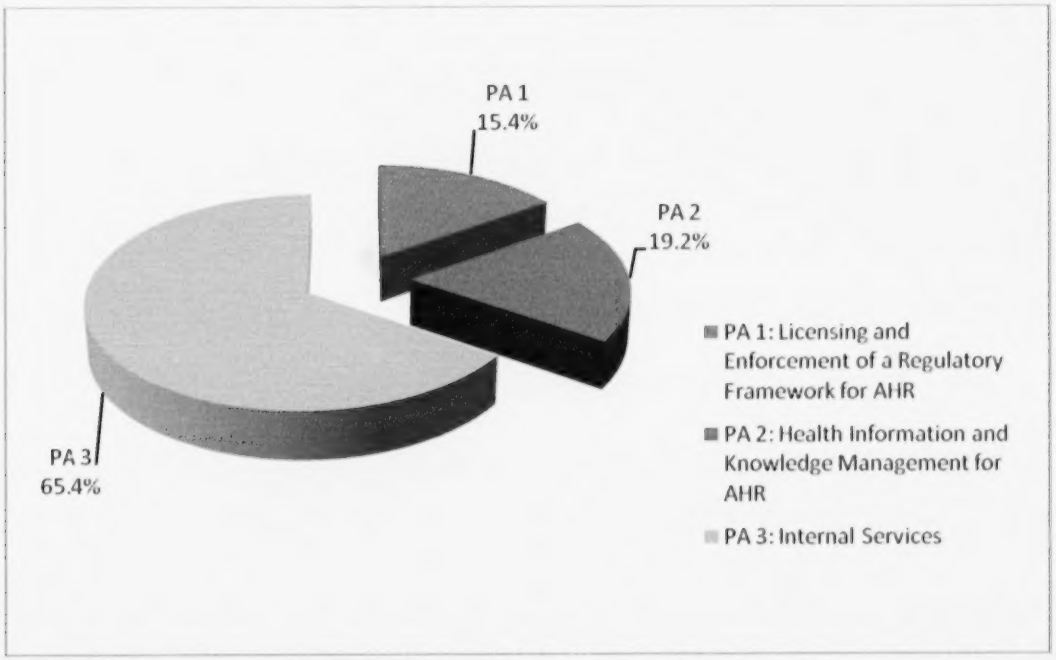
Condensed Statement of Operations
For the year ended March 31, 2011 ($ millions)

	% Change	2010–11	2009–10
Total expenses	2%	5.8	5.7
Total revenues		0	0
Net cost of operations		5.8	5.7

AHRC has allocated financial and human resources in a prudent and proactive manner in synchronization with the policy and regulatory development timelines established by Health Canada. Since its inception, the Agency's expenditures have been well below its annual parliamentary allocation of $10.5 million. While AHRC was authorized to spend $10.5 million in 2010 – 2011 the actual spending was $5.2 million in keeping with the incremental implementation of the Agency's mandate. The Agency was authorized a complement of 44 Full Time Equivalent positions (FTEs) in 2010 – 2011, and yet maintained 14 FTEs. All amounts in excess of Actual Spending were returned to the Consolidated Revenue Fund.

Financial Highlights Graph

AHRC Program Activities



Please note that Program Activity 3 Internal Services includes expenditures related to the Deputy Head's Office, Chief Science Advisor's Office and the Corporate Secretariat. In addition, it includes a Memorandum of Understanding (MOU) with Health Canada (HC) for Human Resources, Finance and IT support, a MOU with HC Inspectorate for Inspection services and a MOU with the Department of Justice for legal services.

Financial Statements

The Main Estimates provide a detailed listing of the resources required by individual departments and agencies, including Assisted Human Reproduction Canada, for the upcoming fiscal year in order to deliver the programs for which they are responsible.

http://www.tbs-sct.gc.ca/est-pre/20102011/me-bpd/HLTH-SANT-eng.asp#bm02

The financial highlights presented within this Departmental Performance Report are intended to serve as a general overview of AHRC's financial position. The Agency's financial statements can be found on AHRC's website along with other reports and publications:

http://www.ahrc-pac.gc.ca/v2/pubs/index-eng.php

List of Supplementary Information Tables

Internal Audits and Evaluations, 2010-11

All electronic supplementary information tables found in the *2010–11 Departmental Performance Report* can be found on the Treasury Board of Canada Secretariat website.[3]

3. See 2010–11 Part III—Departmental Performance Reports (DPR): Supplementary Information (Tables), http://www.tbs-sct.gc.ca/dpr-rmr/2010-2011/index-eng.asp.

Section IV: Other Items of Interest

Assisted Human Reproduction Canada Contact Information

By phone: Toll free: 1-866-467-1853

By email: info.ahrc-pac@hc-sc.gc.ca

View the AHRC website: http://www.ahrc-pac.gc.ca/

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